

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003827

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

57

FILED JAN 11 1962

## 1. PLACE OF DEATH

## a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

2 weeks

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis- Little Rock Hospitals Inc.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4016 Maffitt

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First Joel

Middle Nathaniel

Last Gray

4. DATE OF DEATH

Month January

Day 2

Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-3-1915

## 9. AGE (last birthday)

46

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Train Porter

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Sedalia, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James Gray

## 13b. MOTHER'S MAIDEN NAME

Mable Thompson

## 14. NAME OF HUSBAND OR WIFE

Wife- Mazola

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Mazola Gray - 4016 Maffitt

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Uremia

## INTERVAL BETWEEN ONSET AND DEATH

Weeks?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Gastrointestinal bleeding

2 week

## DUE TO (c)

Malignant Nephrosclerosis

5 yrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

445X

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Dec 19, 1961

to Jan 2, 1962

and last saw him alive on Jan 2, 1962

Death occurred at

11.50

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

Masao Okamoto M.D.

## 22b. ADDRESS

1755 So Grand Blvd

## 22c. DATE SIGNED

1/3/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

8 Jan 1962

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Atkins Bros. Funeral Home

3644 Finney

## 25. DATE RECD. BY LOCAL REG.

JAN 3 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*John K Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.